



The CHESS Club for Providers

A Monthly Update for Users of Carolina's Health Electronic Surveillance System



UPDATE, UPDATE—READ ALL ABOUT IT...

Summer is in full swing...Independence Day, picnics, BQ's... and another issue of **CHESS Club for Providers**. This issue features an article by Epidemiologist Marya Barker. A useful look at case definitions for reportable diseases. **Get to know Laura Silman a new member to the CHESS training team. Welcome Laura!!!!**

Mark your Calendars: South Carolina Academy of Family Physicians 59th Annual Assembly

The CHESS training team will be attending the South Carolina Academy of Family Physicians Annual Assembly on November 8th-10th. It is an opportunity to meet the training team and deployment continues...two new providers have come on board in May. Let's give a warm and cherry welcome to Lake City Community Hospital and Self Memorial Hospital!!! The newest members to the CHESS family come from Region 1 and Region 4. There are now 20 medical

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Who do you call with questions on how to use CHESS?
The CHESS Help Desk of Course!!!
CHESS Help Line 1-800-917-2093

Answers to your questions are just a phone call away. Call the **CHESS Help Desk** at **1-800-917-2093**.

A member of the training team will be delighted to assist you! So don't forget you have support just a phone call



YOUR CHESS TRAINING TEAM



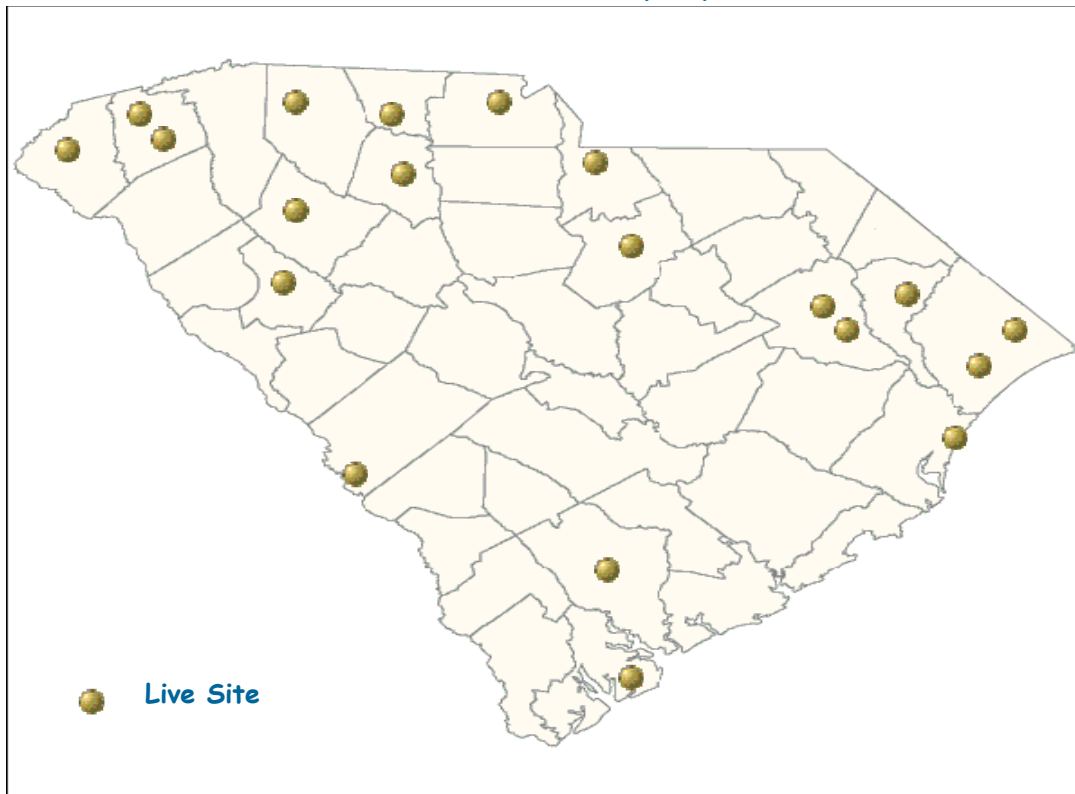
Denise Brown
CARES IR/CHESS
Instructor Training
Coordinator

Lisa Still
CARES IR/CHESS
Training and Development
Director



CHES LIVE

CHES Provider Deployment



The deployment of CHES to hospitals and medical facilities is advancing each day! Two new sites have been added by the end of May/June 2007.

CHES is LIVE at:

- ◆ Aiken Regional Medical Ctr.
- ◆ Cannon Memorial Hospital
- ◆ Colleton Hospital
- ◆ Conway Hospital
- ◆ Kershaw County Medical Ctr.
- ◆ Lake City Memorial Hospital
- ◆ Laurens County Hospital
- ◆ Loris Community Hospital
- ◆ Marion County Medical Center
- ◆ New Day Family Practice
- ◆ Oconee Memorial Hospital
- ◆ Palmetto Baptist Easley
- ◆ Paris Island Preventive Medicine
- ◆ Pee Dee Family Practice
- ◆ Spartanburg Regional Medical Ctr.
- ◆ Self Memorial Hospital
- ◆ Upstate Carolina Medical Ctr.
- ◆ Waccamaw Community Hospital
- ◆ Wallace Thompson Hospital
- ◆ Winthrop University Health Ctr.

We are happy to add Cindy Moon from **Lake City Memorial Hospital** and her associates to our ever growing list of active CHES users!!! Thanks to Fran Hall, Region 4 Coordinator for her deployment efforts.

We can forget to welcome our newest members to our CHES family, Nancy Lumley and her team from **Self Memorial Hospital**. Thanks to Sharon Longshore, Regional Coordinator from Region 2.

A special thanks to all our Regional Coordinators for their dedicated efforts to in the deployment of CHES and to improve disease reporting statewide!!!!!!

Feature of the Month: Lyme Disease

Lena Bretous, MD, MPH
Medical Epidemiologist

Lyme Disease

Characteristics:

Lyme disease typically begins in warmer months and has three stages of clinical symptoms ranging from local erythema to early and late systemic manifestations. Initially in about 80% of patients there is a macular or papular lesion with central clearing, known as erythema migrans (EM). EM may be singular or multiple. To be considered for surveillance purposes, the lesion should be about 5 centimeters in diameter. There may not be a noticed initial EM. The second stage takes place several weeks after the bite and consists of a body rash with smaller macular or papular lesions. Early systemic symptoms may include general malaise, stiff neck, headache, myalgia and or migratory arthralgias. Cardiac symptoms such as AV blocks and rarely acute pericarditis or cardiomyopathy. Such symptoms may last weeks if untreated with antibiotics. Chronic or third stage Lyme disease neurologic abnormalities, such as cranial nerve deficits, cerebellar ataxia and motor or sensory radiculoneuritis.

Epidemiology:

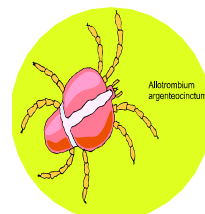
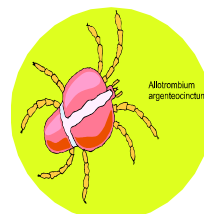
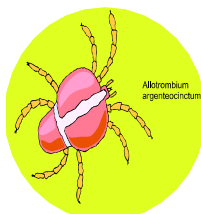
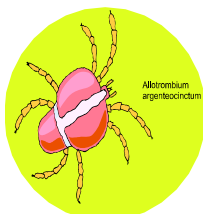
Lyme disease is a tick borne, spirochetal zoonotic disease most prevalent in the northeastern part of the United States. The causative bacteria is *B. burgdorferi*. The predominant carrier tick is the *Ixodes scapularis* in the eastern and western United States. Deer serve as a maintenance host for the vector tick. Adult *Ixodes* tick primarily feed on deer. Lyme disease is endemic along the atlantic coast, Wisconsin, parts of California and Oregon. The repopulation of white tailed deer in the eastern U.S. is also responsible for the spread of lyme disease in the eastern region. South Carolina reported 11 cases of Lyme disease in 2005, a disease rate of < 0.01 .

Mode of Transmission:

Lyme disease transmission by the *Ixodes* tick does not occur until the tick has been attached for 24 hours or more.

Clinical Presentation:

The incubation period of lyme disease is 3-32 days after effective tick attachment. Patients may not notice early symptoms and present to practices with later manifestations.



Feature of the Month (Continued): Lyme Disease

Prevention:

Education to hunters and others enjoying the outdoors during warm months include using insect repellent, daily checking and prompt removal of ticks. Remember, Lyme disease can only be transmitted when a tick is attached for 24 hours or more. Tick removal is best facilitated with the use of needle tipped tweezers. Avoid tick infested areas, such as wooded areas, when feasible and wear light colored clothing to facilitate the citing of ticks.

Treatment:

For local EM, 2 weeks of doxycycline 200mg QD or amoxicillin 500mg QID. For early systemic Lyme disease infection, an antibiotic regimen of 3-4 weeks is recommended.

Reporting Lyme Cases to DHEC:

Lyme disease is reportable within 7 days to DHEC. One should report via CHESS, use a DHEC 1129 disease reporting card, or call the local DHEC health department.



Feature of the Month (Continued): Lyme Disease



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Division of Vector-Borne Infectious Diseases

Lyme Disease

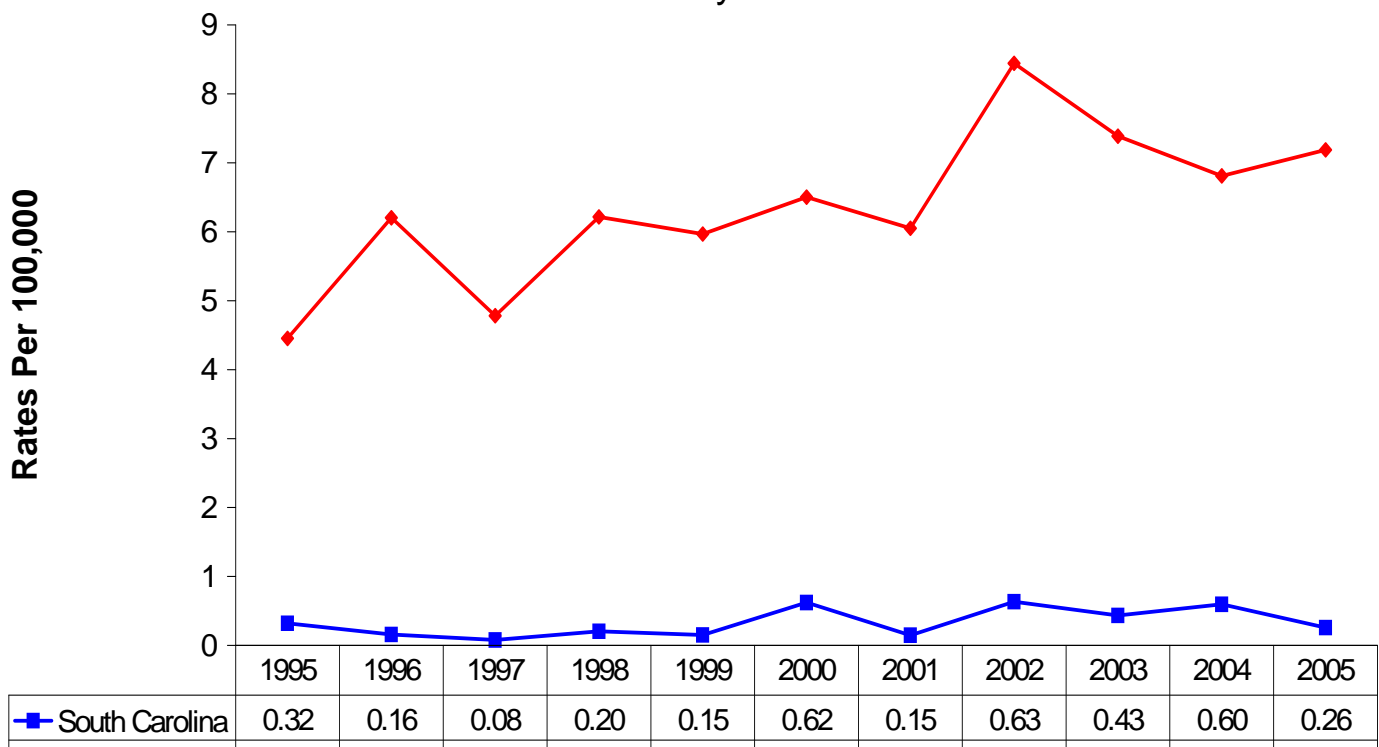


Close Window

Reported cases of Lyme disease—United States, 2005



Lyme Disease
Rates By Year



FREQUENTLY ASKED QUESTIONS



Question: One time I used the "Back" button on the tool bar and I received an error message. Another time I used the "Back" button and everything was fine. I'm confused. How do I navigate between screens when adding a lab or morbidity report?

Answer: Although you may sometime be able to get away with using Internet Explorer's "Back" button, it is not supported by CHESS. Sometimes, using it will cause no problems and at other times, it will cause you to receive an error message. Please avoid using it.

Basic navigation in CHESS begins with the menu bar at the top of your screen.



You can maneuver between screens lab and morbidity reports by selecting "Data Entry" then clicking on the desired report. You can move between the patient demographic tab and the report information tab by selecting the appropriate tab at the top of the screen. Both the lab and morbidity reports have convenient links located under the screen tabs to drop you down to the portion of the report you want to access. Within each report you can move from one field to the next by either pressing the TAB button on your keyboard or by clicking the next field with your mouse.

NOW AVAILABLE: WEEKLY LINE LISTS

We delighted to announce that we have the ability to create a weekly cumulative line list report for all records that you submitted into CHESS!!! Here is what you need to know:



- ◆ The report will be generated and sent out on Mondays.
- ◆ The format is Microsoft Excel (If you need a different format, let us know and we will try to accommodate you.)
- ◆ The report will be sent in an encrypted password protected "zip" file to one designated directly from DHEC.
- ◆ The report will contain the following field: Date Received, Patient Name, Record ID, Physician, Patient Age, Patient Sex, Condition, Name of Submitter, Report Type, (Lab or Morbidity Report, CDC Case Status as determined by DHEC. Please Note: Depending on what has been included in the report submission and the status of the investigation, some field may be blank.

BY THE NUMBERS—SOUTH CAROLINA 2007 SO FAR

Condition	Confirmed	Probable	Total
Aseptic meningitis	40	1	41
Brucellosis	2	0	2
Campylobacteriosis	111	1	112
Ciguatera fish poisoning	1	0	1
Cryptosporidiosis	25	0	25
Cyclosporiasis	1	0	1
Dengue Fever	0	1	1
Ehrlichiosis- human granulocytic	1	0	1
Ehrlichiosis- human monocytic	0	0	0
Ehrlichiosis- human- other&unspec	0	0	0
Encephalitis- West Nile	0	0	0
Enterohem. E.coli O157:H7	0	0	0
Enterohem.E.coli shigatox+- ?serogrp	0	0	0
Enterohem.E.coli- shigatox+- non-O157	0	0	0
Giardiasis	36	0	36
Group A Streptococcus- invasive	62	0	62
Group B Streptococcus- invasive	14	0	14
Haemophilus influenzae- invasive	31	0	31
Hemolytic uremic synd- postdiarrheal	1	0	1
Hepatitis A- acute	5	0	5
Hepatitis B- acute	43	5	48
Hepatitis B virus infection- chronic	127	147	276
Hepatitis C- acute	0	0	0
Hepatitis C Virus Infection- past or present	1797	446	2243
Hepatitis Delta co- or super-infection- acute	0	0	0
Hepatitis E- acute	1	0	1
Influenza- human isolates	68	0	68
Legionellosis	8	1	9
Listeriosis	2	0	2
Lyme disease	9	1	10
Malaria (all cases were imported)	4	0	4
Mumps	0	0	0
Neisseria meningitidis- invasive (Mening. disease)	9	0	9
Pertussis	32	12	44
Rocky Mountain spotted fever	8	12	20
S. aureus- coag+- meth- or oxi- resistant (MRSA)	1	0	1
Salmonellosis	302	3	305
Shiga toxin-producing Escherichia coli (STEC)	0	0	0
Shigellosis	36	0	36
Strep pneumoniae- invasive	194	1	195
Streptococcal disease- invasive- other	7	0	7
Tetanus	0	0	0
Toxic-shock syndrome- staphylococcal	0	0	0
Varicella (Chickenpox)	418	262	680
Vibrio parahaemolyticus	1	0	1
Vibrio spp.- non-toxigenic- other or unspecified	3	0	3
Vibrio vulnificus infection	0	0	0
West Nile Fever	0	0	0
Yersiniosis	6	1	7

THE BULLETIN BOARD

Save the Date

Members of the CARES IR/CHESS training team will be attending the South Carolina Academy of Family Physicians 59th Annual Assembly being held on Hilton Head Island, SC

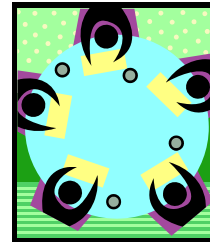
Thursday, November 8

Friday, November 9

Saturday, November 10

It will be an opportunity to meet the CHESS training team and ask the trainers questions.

Keep a look out for upcoming events!



Are you hosting an event? Are there any events you would like to see posted? Is there an event you would like the CARES IR/CHESS training team to attend?

If so, please send event information to

Lisa Still,

at stillla@dhec.sc.gov

Or

Denise Brown,

at browndddhec.sc.gov

We look forward to hearing from you!

KEEP IN TOUCH!

Your input is important to us!!! So please call us with your comments and suggestions. Don't forget we're here to support your CARES IR/CHESS use. If you have a question, your CARES IR/CHESS training team is only a phone call away.

Ring the Help Desk Line at **1-800-917-2093**.



HAPPY CHESSING!

